UTILITY
PATENT APPLICATION
TRANSMITTAL

Attorney Docket No.	Attorney Docket No. 35.C13298	
First Named Inventor or	Application Identifier	မ်
HIDEKAZU SHIMOMUR	Α	
Express Mail Label No.		

PATENT APPLICATION TRANSMITTAL Poly for new nonprovisional applications under 37 CFR 1.53(b))		First Named Inventor or Application Identifier		
		HIDEKAZU SHIMOMURA		
		Express Mail Label No.		
APPLICATION ELE See MPEP chapter 600 concerning utility pa		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231		
Fee Transmittal Form (Submit an original, and a duplicat	e for fee processing)	6. Microfiche Computer Program (Appendix)		
2. X Specification Total	Pages 44	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
3. X Drawings (35 USC 113) Total	Sheets 7	a Computer Readable Copy b Paper Copy (identical to computer copy)		
4. X Oath or Declaration Total	Pages 2	c. Statement verifying identity of above copies		
a. Newly executed (original	or copy)	ACCOMPANYING APPLICATION PARTS		
b. X Unexecuted for informati	• •	8. Assignment Papers (cover sheet & document(s))		
c. Copy from a prior applica (for continuation/divisional [Note Box 5 below	with Box 17 completed)	9. 37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney		
Signed Statemer inventor(s) name	INVENTOR(S) nt attached deleting ed in the prior application,	10. English Translation Document (if applicable)		
Incorporation By Reference (useable i	3(d)(2) and 1.33(b). f Box 4c is checked)	11. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations		
The entire disclosure of the prior applied the oath or declaration is supplied und being part of the disclosure of the acceptable. The entire disclosure of the prior applied und being part of the disclosure of the acceptable.	ler Box 4c, is considered a ompanying application and	S 12 Preliminary Amendment		
		13. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
		14. Small Entity Statement filed in prior application Statement(s)		
		15. Certified Copy of Priority Document(s) (if foreign priority is claimed)		
		16. Other:		
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:				
Continuation Divisional Continuation-in-part (CIP) of prior application No/				
	18. CORRESPONDENCE ADDRESS			
X Customer Number or Bar Code Label (Insert: Customer No. or Attach: bar code label: here) or Correspondence address below				
NAME				
Address				
City	State	Zip Code		
Country	Telephone	Fax		

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	18-20 =	0	X \$ 18.00 =	\$ -0-
	INDEPENDENT CLAIMS (37 cfr 1.16(b))	1-3 =	0	X \$ 78.00 =	\$ -0-
	MULTIPLE DEPENDEN	T CLAIMS (if applicable) (3	7 CFR 1.16(d))	\$260.00 =	\$ -0-
				BASIC FEE (37 CFR 1.16(a))	\$ 760.00
			Total of a	above Calculations =	\$ 760.00
	Reduction by 5	50% for filing by small er	ntity (Note 37 CFR 1.9,	1.27, 1.28).	
				TOTAL =	\$ 760.00
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED		
NAME	Abigail F. Cousins (29,292)	
SIGNATURE	Aligail Cousins	
DATE	January 28, 1999	

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